



STUDENT REQUEST FOR CREDIT LASSEN COLLEGE 2+2 PROGRAM

This certifies that the student name below has successfully completed an articulated course with Lassen College.

PART 1: TO BE COMPLETED BY STUDENT (please print)

_____ - _____
 Last First MI Social Security Number or Student ID Number

Date of Birth: ___/___/___ Phone: (____) ____-____ E-Mail: _____

_____ - _____
 Address City State Zip

I am applying for Lassen College Course Credit for the following course (es):

Academic Year Course Taken (I.E. 18-19)	Lassen College Course Number and Title (I.E. BUS 13 Basic Accounting)	Final Exam Grade Received (Will be Verified)	High School/Course Name (I.E. Computer Applications I)	High School/Instructor Name	Units (Leave Blank if Uncertain)

SEMESTER OF APPLICATION FOR CREDIT:

Spring Summer Fall Year: _____

SIGNATURES:

Yes No _____
 Counselor Signature Date

Yes No _____
 Admissions and Records Technician Date